



## Senate

General Assembly

**File No. 421**

February Session, 2008

Substitute Senate Bill No. 340

*Senate, April 3, 2008*

The Committee on Human Services reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

### **AN ACT ESTABLISHING AN EARLY CHILDHOOD INTEGRATED SYSTEM OF CARE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (*Effective July 1, 2008*) (a) The Departments of Social  
2       Services, Education and Children and Families, through the Behavioral  
3       Health Partnership, and in conjunction with the Departments of Public  
4       Health and Mental Health and Addiction Services, shall develop and  
5       implement, within available appropriations, an Early Childhood  
6       Integrated System of Care. The Early Childhood Integrated System of  
7       Care shall promote competent parenting by addressing health, mental  
8       health and related issues, including, but not limited to substance  
9       abuse, domestic violence, maternal depression and homelessness of  
10      young children, five years of age and under, and the parents or  
11      caregivers of such children.

12      (b) The Early Childhood Integrated System of Care's responsibilities  
13      shall include, but not be limited to: (1) Increasing early identification  
14      and screening by community providers; (2) conducting comprehensive

15 assessments to determine the needs of children and family; (3)  
16 developing a family-driven plan to ensure comprehensive and  
17 coordinated services; (4) providing care coordination and case  
18 management to connect health, developmental, educational and family  
19 services; (5) providing intensive, home-based work directly with  
20 families that is conducted by a child development and mental health  
21 clinician and a care coordinator who are staff of the Early Childhood  
22 Integrated System of Care; (6) providing consultation and training for  
23 community providers to enable them to understand children's needs;  
24 and (7) implementing strategies to facilitate healthy development.

25 (c) The Commissioners of Social Services, Education and Children  
26 and Families shall establish two regional early childhood integrated  
27 systems of care programs, based on the model of the Child FIRST  
28 system in Bridgeport. The commissioners shall establish such systems  
29 after consultation with Child FIRST and shall determine the locations  
30 of such systems in conjunction with the Commissioners of Public  
31 Health and Mental Health and Addiction Services, based on  
32 community need, interest and readiness to coordinate existing  
33 programs into a system of care. For purposes of this subsection,  
34 existing services include, but are not limited to, Healthy Start, the  
35 Birth-to-Three Program, Help Me Grow, Nurturing Families Network,  
36 Early Childhood Consultation Partnership, the Behavioral Health  
37 Partnership, state birthing hospitals, adult mental health, the Medicaid  
38 program, programs pursuant to Title V of the Social Security Act,  
39 Medical Home Programs for Children with Special Health Care Needs,  
40 and other maternal and child health programs aimed at the health and  
41 well being of parents and children.

42 (d) The Behavioral Health Partnership shall operate and administer  
43 the regional programs established pursuant to subsection (c) of this  
44 section. The partnership shall enter into agreements with state agencies  
45 responsible for programs related to the Early Childhood Integrated  
46 System of Care in order to accomplish the goals and outcomes of the  
47 program. The agreements shall align outcomes, leverage existing and  
48 new funding streams, and foster the integration of services in a family-

49 focused system. These early childhood systems of care shall be  
 50 included in the early childhood strategic plans of each participating  
 51 community, with oversight by the community's early childhood  
 52 education council or governing body.

53 (e) On or before January 1, 2009, the Behavioral Health Partnership  
 54 shall report, in accordance with section 11-4a of the general statutes, to  
 55 the joint standing committees of the General Assembly having  
 56 cognizance of matters relating to appropriations and the budgets of  
 57 state agencies and human services on the progress in establishing and  
 58 implementing the regional Early Childhood Integrated System of Care.  
 59 On or before January 1, 2010, and annually thereafter, the partnership  
 60 shall so report to said committees on the operation and administration  
 61 of the system.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2008	New section

**KID**      *Joint Favorable Subst. C/R*      HS

**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

### **OFA Fiscal Note**

#### **State Impact:**

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Various State Agencies	GF - Cost	Indeterminate	Indeterminate

**Municipal Impact:** None

#### **Explanation**

This bill requires the Departments of Social Services (DSS), Education and Children and Families (DCF) to develop and implement an early childhood integrated system of care. This system is to be implemented within available appropriations. Such a system of services would likely have a significant cost. This cost would be dependent upon the system developed and the scope of implementation. It is unclear whether the departments would implement such a system through a redirection of early childhood resources currently in place. sHB 5021 (the FY09 budget adjustment, as favorably reported by the Appropriations Committee) contains no funding for such a system.

The bill further requires these agencies to establish two regional early childhood integrated systems of care. This pilot is to coordinate with existing programs under several state agencies. The cost of these two pilot programs would depend upon the systems developed and the number of families served. The Child FIRST model referenced in the bill costs approximately \$4,000 per family for six months of services.

The bill requires the Behavioral Health Partnership (BHP) to operate and administer the two pilot programs. As the BHP is a collaborative between DSS and DCF, and thus not an executive entity, it is unclear

how it would operate and administer such a program.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

---

**OLR Bill Analysis****sSB 340*****AN ACT ESTABLISHING AN EARLY CHILDHOOD INTEGRATED SYSTEM OF CARE.*****SUMMARY:**

Within available appropriations, this bill directs the departments of Children and Families (DCF), Education, (SDE) and Social Services (DSS) to develop and implement an early childhood integrated system of care. The system's purpose is to promote competent parenting by addressing health, mental health, and related issues, including substance abuse, domestic violence, maternal depression, and homelessness of children under age 6 and their parents or caregivers.

The bill also directs these agencies to establish two regional early childhood integrated system of care programs and the Behavioral Health Partnership (BHP) to operate and administer them (see BACKGROUND). BHP must report to the Appropriations and Human Services committees by January 1, 2009 on the status of the regional programs. It must file annual reports with the committees on the operation and administration of the system of care beginning January 1, 2010

EFFECTIVE DATE: July 1, 2008

**DEVELOPING AND IMPLEMENTING THE SYSTEM OF CARE**

DCF, SDE, and DSS must develop the system through BHP and in conjunction with the Public Health (DPH) and Mental Health and Addiction Services (DMHAS) departments. Its responsibilities include:

1. increasing early identification and screening by community

providers;

2. conducting comprehensive assessments to determine the needs of children and families;
3. developing a family-driven plan to ensure comprehensive and coordinated services;
4. providing care coordination and case management to connect health, developmental, educational, and family services;
5. providing intensive, home-based work directly with families by a child development and mental health clinician and care coordinator who are system of care staff members;
6. providing consultation and training for community providers to enable them to understand children's needs; and
7. implementing strategies to facilitate healthy development.

## **REGIONAL SYSTEMS OF CARE PROGRAMS**

The regional systems of care programs must be modeled on the Child FIRST system in Bridgeport and developed in consultation with that organization and in conjunction with the DPH and DMHAS commissioners. Their locations must be determined based on community need, interest, and readiness to coordinate existing programs into a system of care. The bill specifies that these existing programs include Healthy Start, Birth-to-Three, Help Me Grow, Nurturing Families Network, Early Childhood Consultation Partnership, BHP, state birthing hospitals, adult mental health, Medicaid, programs funded by the federal Maternal and Child Health Services Block Grant (Title V of the Social Security Act), medical home programs for children with special health care needs, and other maternal and child health programs aimed at the health and well being of parents and families.

### ***BHP Responsibilities***

The bill directs BHP to operate and administer the programs. To

reach the programs' goals and outcomes, BHP must enter into agreements with the state agencies responsible for related programs. The agreements must align outcomes, leverage existing and new funding streams, and foster the integration of services in a family focused system. Each participating community must include the pilot programs in its early childhood strategic plan and provide oversight from its early childhood education council or governing body.

## **BACKGROUND**

### ***Behavioral Health Partnership (BHP)***

BHP is a joint initiative of DCF and DSS designed to increase access to quality behavioral health services for HUSKY A and B enrollees, children enrolled in DCF's voluntary services program, and at the commissioners' discretion, other children, adolescents, and families served by DCF.

### ***Child FIRST***

Child FIRST is an early childhood system of care for high risk, very young children and families in Bridgeport. It provides a combination of community-based services and intensive home-based interventions in order to prevent serious, negative outcomes like developmental and learning problems, behavioral and emotional disturbances, and abuse and neglect. An evidence-based evaluation has shown the program to be effective in reducing children's aggressive and defiant behaviors and language problems, maternal depression, and involvement with DCF.

## **COMMITTEE ACTION**

Select Committee on Children

Joint Favorable Substitute Change of Reference  
Yea 9 Nay 1 (03/06/2008)

Human Services Committee

Joint Favorable  
Yea 18 Nay 0 (03/18/2008)



